

CONTRACT PERSONNEL ACTION FORM

CONTRACT EMPLOYEE INFORMATION (Check all that apply)

☐ New Hire

☐ Transfer

☐ Daytime

☐ Re-Hire

☐ Separation

☐ Nighttime

XXX-XX-

Social Security Number (Last 4 Numbers Only)

Effective Date

Last Name

First Name

Middle Name

Department Name

Organization Code

Building Name

Street Address

Job Title

Job Code

Slot Code

Supervisor: ☐ Yes ☐ No

Supervisor

Department Head

Assistant Director

FOR CONTRACT AGENCY USE

Employee Number

New Building

Old Building

Home Address

City

SC

Zip Code

Home Phone

Work Phone

Date of Birth

Emergency Contact

Telephone

Hours Per Week

Current Hourly Pay Rate

Person Replaced

Name of Contract Agency

Point of Contact

Work Phone

Cell Phone

Fax Number

Address

City

SC

Zip Code

Electronic Copy to: Department of Administration Safety (holloy.bockow@admin.sc.gov)